Instructions for submitting data via Performance Improvement Measurement System for Telehealth Resource Center Program (G22)

A) **Form**: Service Utilization and Surveys
   a) **Section**: Service Utilization
      a. **Instruction**: Provide the total number of clients/departments requesting TRC services and number of repeat clients

      i) Subsection: Service Utilization by State and Type of Organization Requesting Service
         1) Total number of clients served
         2) Total number of repeat clients

      ii)**Subsection**: Direct
         a. **Instruction:** Provide total number of clients/departments served via direct technical assistance of TRC services and their location by state and region
         2) Total number of clients served via technical assistance (ie. consultation)
         3) Total number of clients served via training
         4) List each state in your region and total number of clients served in each
            o State Acronym
            o Number of Clients Served via consultation
            o Number of clients via conference, meeting, or training
         5) Total Clients Served in TRC Region
         6) Total Clients Served in HRSA Region

      iii)**Subsection**: Indirect

      Instruction: Provide the total number of clients/departments served via indirect technical assistance of TRC services for education and outreach

         1) Total number of clients served via education and outreach

   b) **Section**: Organization Requesting Service
      a. **Instruction**: Provide the number of clients/departments requesting TRC services by organization type

      i)Subsection: Type of Organization Requesting Service
      1) Academic Institution/School
      2) Associations/Organizations (National, State or Regional)
         o Area Health Education Center (AHEC)
         o Rural Health Association
         o Other
      2) Clinic
         o Free Clinic
         o Federally Qualified Health Center (FQHC)
         o Rural Health Clinic (RHC)
         o Other

3) Funders (Foundations/Health Plans)
4) Hospital/Health System
   o Critical Access Hospital (CAH) (25 beds or less)
   o Small Rural Hospital (50 beds or less)
   o Medium Rural Hospital (50-99 beds)
   o Large Rural Hospital (100 or more beds)
   o Other
5) Health Resources and Services Administration (HRSA) Grant Funded Entity
6) Government Agency (Federal, State, Regional or Local)
   o Corrections
   o Health Department
   o Medicaid/Medicare
   o Mental Health
   o Public Health
   o Social Service
   o State Office of Rural Health
   o Veterans Administration
   o Tribal/Indian Health Service
   o Other
7) Legislator/Policy Maker /staffer
8) Telehealth Resource Center
9) Vendor
   o Clinical Service Provider
   o Technology
   o Telecommunications
   o Business solutions/consultants
   o Legal
   o Other
10) Other (list other and provide total numbers)

B) **Form**: TRC Inquiry and Response/ TRC Technical Assistance Communication Method of Inquiry and Response
   a) **Section**: TRC Technical Assistance Communication Method of Inquiry and Response
   b) ==**Instruction**: Provide the number clients/departments requesting TRC services by communication method of inquiry and response type==

   i)**Subsection**: Method of Technical Assistance Inquiry

      1) Email
      2) Phone
      3) In-Person Contact at an event (ie. training, conference, meeting, other)
      4) TRC Website Form
      5) Referral from Another TRC
      6) Social Media (Twitter, Facebook, LinkedIn, etc.)

       7) TRC Initiated

       8) Other

   ii)**Subsection**: Method Used to Respond to Inquiries

       1) Email

       2) Phone

       3) Videoconference

       4) In Person Visit

       5) Other

C) **Form**: Topic of Inquiry
   a) **Section**: Category
   b) ==**Instruction**: Provide the number of clients/departments requesting TRC services by topic of inquiry==
     i)**Subsection**: Category
     1) Financial (Reimbursement, Business Models, Grants)
     2) Policy/Legal
     3) Market Analysis
     4) About my TRC
     5) Broadband network infrastructure
     6) Readiness Assessment
     7) Distance Learning

     ii)**Subsection**: Project Echo
     1) Program Evaluation
     2) Strategic Planning
     3) Tools and Templates
     4) General Telehealth Information
     5) Clinical Service Program Development/Operations

     iii)**Subsection**: Mental/Behavioral Health

     1) Equipment and Technology Assessment/Selection
     2) Other

D) **Form**: Services/ Types of Services Provided by TRC
   a) **Section**: Types of Services Provided by TRC
   b) ==**Instruction**: Provide the number of clients/departments requesting TRC services by service type==
     i)**Subsection**: Training/Education and Outreach
     1) Number of Conferences/Meetings
        o Total number of conferences/meetings hosted by TRC
        o Total number of participants
        o Total number of TRC presentations at conferences/meetings
     2) Number of Trainings
        o Total number of trainings hosted by TRC
        o Total number of participants

3) Number of webinars
   o Total number of webinars hosted by TRC
   o Total number of participants
   o Total number requested by HRSA
   o Total number requested by other Federal Agency
4) Number of Other
   o Describe Other

ii)**Subsection**: Communications/Promotional Activities

1) Exhibit booths at conferences
   o Number of booths
   o Number of contacts
   o Number of hours managing exhibit

2) General Media
   o Number of interviews
   o Number of articles

iii)**Subsection**: Tools/Materials/Resources

1) Newsletter
   o Number of newsletters
   o Number of subscribers
2) Websites
   o Number of website visits
3) Fact Sheets/One Pagers
   o Number of fact sheets/one pagers
4) Online Education
   o Number of Video Modules
   o Number of views
   o Number of Toolkits
   o Number of views
   o Number of Course Modules
   o Number of people accessing
5) Issue Briefs (Number of issue briefs)
6) Other (List type and number)